OGC (IQ1)

MAR 0 4 2009

FORM D

Notice of Exempt Offering of Securities

Weshington D. U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5) intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB Number: 3235-0076

OMB APPROVAL

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

em 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Lone Star Meals, Inc.			Corporation
Jurisdiction of Incorporation/Organizati	on		Limited Partnership Limited Liability Company
Texas			General Partnership
Year of Incorporation/Organization (Select one)			Business Trust Other (Specify)
Over Five Years Ago		et to Be Formed	
if more than one issuer is filing this notice	, check this box 🔲 and ident	ify additional issuer(s) by a	attaching Items 1 and 2 Continuation Page(s).
tem 2. Principal Place of Busine	ss and Contact Informa		
Street Address 1		Street Address 2	B PROCESSED
708 Main Street		Suite 740	MADIO
City	State/Province/Country	ZIP/Postal Code	Phone No. WAIT 1 2 2009
Houston	Texas	77002	(713) 8933885 ANDENTER
em 3. Related Persons	·		
Last Name	First Name		Middle Name
Stow, Jr.	Frederick		
Street Address 1	<u> </u>	Street Address 2	
708 Main Street		Suite 740	
City	State/Province/Country	ZIP/Postal Code	
Houston	Texas	77002	
Relationship(s): X Executive Office	r 🕱 Director 🗌 Promote	,	09003039
Clarification of Response (if Necessary)			
(Id		ons by checking this box	S and attaching Item 3 Continuation Page(s)
	ct one)	ss Services	O Constanting
 Agriculture Banking and Financial Service 		22 Del Aice2	Construction REITS & Finance
Commercial Banking	○ Ek	ectric Utilities	Residential
Insurance		ergy Conservation	Other Real Estate
Investing	~	al Mining	○ Retailing
Investment Banking	\sim	vironmental Services	Restaurants
Pooled Investment Fund		l & Gas	Technology
If selecting this industry group, also type below and answer the question	below	her Energy	Computers
Hedge Fund	Health	Care otechnology	Telecommunications
Private Equity Fund		alth Insurance	Other Technology
Venture Capital Fund	<u> </u>	spitals & Physcians	Travel
Other Investment Fund	\sim	rmaceuticals	Airlines & Airports
Is the issuer registered as an ir	ivestment Oti	ner Health Care	Lodging & Conventions
company under the investment Act of 1940? Yes		acturing	Tourism & Travel Services Other Travel
Other Banking & Financial Service	Real Es		Other

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item 5. issuer Size (Select one)							
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)						
O No Revenues	OR No Aggregate Net Asset Value						
\$1 - \$1,000,000	○ \$1 · \$5,000,000						
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000						
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000						
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000						
Over \$100,000,000	Over \$100,000,000						
Decline to Disclose	Oecline to Disclose						
O Not Applicable	Not Applicable						
Item 6. Federal Exemptions and Exclusions Clair	med (Select all that apply)						
Inv	vestment Company Act Section 3(c)						
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)						
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)						
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)						
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)						
Rule 505	Section 3(c)(5) Section 3(c)(13)						
⊠ Rule 506	Section 3(c)(6) Section 3(c)(14)						
Securities Act Section 4(6)	Section 3(c)(7)						
_	, 						
Item 7. Type of Filing							
New Notice OR	t						
Date of First Sale in this Offering: 02/17/2009	OR First Sale Yet to Occur						
Date of this Sale in this Offering. 02/17/2009	OR First Sale Yet to Occur						
Item 8. Duration of Offering							
Does the issuer intend this offering to last more than o	one year? Yes 🗙 No						
Item 9. Type(s) of Securities Offered (Select a	all that apply)						
Equity	Pooled Investment Fund Interests						
☐ Debt	☐ Tenant-in-Common Securities						
	Mineral Property Securities						
Option, Warrant or Other Right to Acquire Another Security	★ Other (Describe)						
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Promissory note convertible into Series C Preferred Stock						
Item 10. Business Combination Transaction							
Is this offering being made in connection with a busine transaction, such as a merger, acquisition or exchange offer							
Clarification of Response (if Necessary)							

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tem 11. Minimum Investment							•						
Minimum investment accepted from a	ny outside	investo	or :	\$ 0									
tem 12. Sales Compensation								=. =					
ecipient				_ F	Recipie	nt CRD	Number						
				\rfloor [☐ No	CRD N	Number
Associated) Broker or Dealer	None			_ [Associ	ated) Br	oker or D	Dealer CR	D Nu	mber			
				_] [☐ No	CRD N	lumber
Street Address 1			<u>-</u> 1	St 	reet A	ddress 2	!						
Clar.		State	/Provin		wintn:	710	/Postal C	ode					
City		State	FIOVIER			רות ביים ר	71 03161		\neg				
States of Solicitation All States						حصا ل							
AL AK AZ AR	C			<u>]</u> מ	r [DE			·L	G.] HI	Ū ID
IL IN IA KS			LA [] MD			NI DH	M] MS] OR	☐ MO
MT NE NV NH	ער □ ער □	—=~	MM [_\v\ _\v] VA			wv	~⊟w		WY	PR
(Identify additional person	on(s) being	paid co	трепя	_ ation	by ch	– ecking t	his box [and a	ttach	ing Iten	n 12 Co	ntinuat	tion Page(
Item 13. Offering and Sales Ar	nounts						_						<u></u>
(a) Tabel Offician Amount	\$ 300,0	0.00						٦,)R	п.	ndefinit	•	
(a) Total Offering Amount				_				_ `	'n	<u></u> "	nacioni	Œ	
(b) Total Amount Sold	\$ 175,0	00.00						╡					
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$ 125,0	00.00							R	ı 🗀	ndefini	te	
Clarification of Response (if Necessary)													
Item 14. Investors							=					·····	
Check this box ☐ if securities in the off	fering have	e been o	r may b	e solo	d to pe	rsons w	ho do no	t qualify	as ac	credite	d invest	ors, an	d enter the
number of such non-accredited investo	ors wno air	eatry nav	ve ilives	itea ii	n the t	menny.							
					<i></i>	ſ							
Enter the total number of investors wh	o already l	have invi	ested in	the	otterin	a : [12		_]				
Item 15. Sales Commissions a	nd Find	lers' F	ees E	xpe	nses	3							
Provide separately the amounts of sale: check the box next to the amount.	s commiss	ions and	finders	' fees	expe	nses, if a	any. If ar	amount	is no	t know	n, provi	de an e	estimate a
				Sale	es Con	amission	ıs \$					Estin	nate
Clarification of Response (if Necessary)					Fine	lers' Fee	s \$					Estin	nate
		•	···										

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as exe directors or promoters in response to Item 3 above. If the amount is unknot estimate and check the box next to the amount.	ecutive officers,
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the Te	rms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each idea	ntified issuer is:
the State in which the issuer maintains its principal place of busi process, and agreeing that these persons may accept service on such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the Lactivity in connection with the offering of securities that is the suprovisions of: (i) the Securities Act of 1933, the Securities Exchan Company Act of 1940, or the Investment Advisers Act of 1940, o State in which the issuer maintains its principal place of busines.	ce with applicable law, the information furnished to offerees. Cand the Securities Administrator or other legally designated officer of iness and any State in which this notice is filed, as its agents for service of lits behalf, of any notice, process or pleading, and further agreeing that Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the laye Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or of	onal Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, e information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot e and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents to undersigned duly authorized person. (Check this box and a in Item 1 above but not represented by signer below.)	o be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Lone Star Meals, Inc.	Frederick Stow, Jr.
Signature	Title
Hystogent.	Chief Executive Officer
Number of continuation pages attached:	3/09
Persons who respond to the collection of information contained in this number.	s form are not required to respond unless the form displays a currently valid OMB

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 3 Continuation Page

Last Name First Name Middle Name First Name Middle	tem 3. Related Persons (Continue	ed)		· · · · · · · · · · · · · · · · · · ·					
Street Address 1 2700 Via Fortuna, City State/Province/Country Zi/Prostal Code 78746 Austin Fexas 78746 Last Name First Name Middle Name Cardwell Lane Street Address 2 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 7702 Houston Fexas 77002 Last Name First Name Middle Name Cardwell Sureet Address 1 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 77002 Last Name First Name Middle Name Vandegrift Steve Street Address 2 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 77002 Last Name First Name Steve Street Address 2 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 77002 Last Name First Name Steve Street Address 1 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 77002 Last Name First Name State/Province/Country Zi/Prostal Code 77002 Last Name First Name Middle Name DeChellis Vince Street Address 2 C/O Lone Star Meals, Inc. City State/Province/Country Zi/Prostal Code 77002 Last Name First Name Middle Name DeChellis Vince Street Address 2 C/O Lone Star Meals, Inc. City State/Province/Country Texas 7002 END City Province/Country Texas 7002 END City P	Last Name		First Name		Middle Name				
Suite 450 ZIP/Postal Code	Finch		Randy						
City State/Province/Country ZiP/Postal Code ZiP/A6 Relationship(s):	Street Address 1			Street Address 2					
Austin	2700 Via Fortuna,			Suite 450	<u></u>				
Relationship(s):	City	State/Province/Country							
Clarification of Response (if Necessary) Last Name First Name Middle Name Cardwell Lane Street Address 2 Clo Lone Star Meals, Inc. Texas Troub Clarification of Response (if Necessary) Last Name First Name Middle Name Last Name First Name Middle Name Vandegrift Steve Street Address 2 Clo Lone Star Meals, Inc. Texas Street Address 2 Clo Lone Star Meals, Inc. Texas Street Address 2 Clo Lone Star Meals, Inc. Texas Troub Last Name First Name Middle Name Vandegrift Steve Street Address 2 Clo Lone Star Meals, Inc. Texas Troub Last Name First Name Texas Troub Last Name First Name Texas Troub Last Name First Name Middle Name DeChellis Street Address 2 Clo Lone Star Meals, Inc. Texas Troub Last Name First Name Middle Name DeChellis Street Address 2 Clo Lone Star Meals, Inc. Texas Middle Name DeChellis Street Address 2 Clo Lone Star Meals, Inc. Texas Middle Name DeChellis Street Address 2 Clo Lone Star Meals, Inc. Texas Troub Clay State/Province/Country Texas Texas Clo Lone Star Meals, Inc. Texas Texas	Austin				78746				
Last Name First Name Middle Name Cardwell Lane Street Address 1 708 Main Street, Suite 740 Houston Executive Officer Director Promoter Last Name First Name Middle Name Vandegrift Steve Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country State/Province/Country Last Name First Name Middle Name Vandegrift Steve Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Zip/Postal Code Houston Texas Towns Relationship(s): Executive Officer Promoter Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Promoter Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Towns Street Address 2 Towns Towns Towns Towns Tow	Relationship(s): Executive Officer	X Direc	tor Promoter						
Last Name First Name Middle Name Cardwell Lane Street Address 1 708 Main Street, Suite 740 Houston Executive Officer Director Promoter Last Name First Name Middle Name Vandegrift Steve Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country State/Province/Country Last Name First Name Middle Name Vandegrift Steve Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Zip/Postal Code Houston Texas Towns Relationship(s): Executive Officer Promoter Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Promoter Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Street Address 2 Vo Lone Star Meals, Inc. Towns City State/Province/Country Towns Last Name First Name Middle Name DeChellis Vince Towns Street Address 2 Towns Towns Towns Towns Tow	Clarification of Response (if Necessary)								
Cardwell Street Address 1 C/o Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s):									
Street Address 1 C/o Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s):	Last Name		First Name		Middle Name				
Total Main Street, Suite 740	Cardwell		Lane						
State/Province/Country ZIP/Postal Code Trexas Tre	Street Address 1			Street Address 2					
Houston	c/o Lone Star Meals, Inc.			708 Main Street, Suite 740					
Relationship(s):	City	State/P	rovince/Country	ZIP/Postal Code					
Last Name First	Houston	Texas		77002					
Last Name First	Relationship(s):	☑ Direc	tor Promoter						
Last Name First Name First Name Middle Name									
Vandegrift Steve Street Address 1 C/o Lone Star Meals, Inc. City Houston Relationship(s): Executive Officer Director Promoter Last Name DeChellis Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 Hind Street Address 2 First Name First Name Middle Name DeChellis Street Address 1 Co Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s): Executive Officer Director Promoter Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Texas Relationship(s): Executive Officer Director Promoter	Clarification of Response (if Recessary)								
Vandegrift Steve Street Address 1 C/o Lone Star Meals, Inc. City Houston Relationship(s): Executive Officer Director Promoter Last Name DeChellis Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 Hind Street Address 2 First Name First Name Middle Name DeChellis Street Address 1 Co Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s): Executive Officer Director Promoter Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Texas Relationship(s): Executive Officer Director Promoter			· — -		_ 				
Street Address 2 C/o Lone Star Meals, Inc. City State/Province/Country ZIP/Postal Code Houston Texas 77002 Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 2 C/o Lone Star Meals, Inc. City State/Province/Country ZIP/Postal Code To Main Street, Suite 740 ZIP/Postal Code To Middle Name	Last Name		First Name		Middle Name				
C/o Lone Star Meals, Inc. City State/Province/Country ZIP/Postal Code Texas 77002 Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 1 Street Address 2 C/o Lone Star Meals, Inc. City State/Province/Country ZIP/Postal Code Tool Main Street, Suite 740 ZIP/Postal Code Tool	Vandegrift		Steve						
City	Street Address 1								
Houston Texas 77002 Relationship(s):	c/o Lone Star Meals, Inc.			708 Main Street, Suite 740					
Relationship(s):	City	State/P	rovince/Country	ZIP/Postal Code					
Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 1 Street Address 2 C/o Lone Star Meals, Inc. Clty State/Province/Country ZIP/Postal Code Houston Texas 77002 Relationship(s): Executive Officer \(\overline{\text{N}} \) Director \(\overline{\text{Promoter}} \) Promoter	Houston Texas			77002					
Clarification of Response (if Necessary) Last Name First Name Middle Name DeChellis Vince Street Address 1 Street Address 2 c/o Lone Star Meals, Inc. Clty State/Province/Country ZIP/Postal Code Houston Texas 77002 Relationship(s): Executive Officer \(\overline{\text{N}} \) Director \(\overline{\text{Promoter}} \) Promoter	Relationship(s): Executive Officer	X Dire	ctor Promoter						
Last Name DeChellis Vince	Clarification of Response (if Necessary)								
DeChellis Street Address 1 C/o Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s): Executive Officer Director Promoter Vince Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Promoter									
DeChellis Street Address 1 C/o Lone Star Meals, Inc. City State/Province/Country Houston Texas Time Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Tomoter Texas Tomoter Texas	Last Name		First Name		Middle Name				
Street Address 2 c/o Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s): Executive Officer Director Promoter Street Address 2 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Promoter				·					
C/o Lone Star Meals, Inc. City State/Province/Country Houston Relationship(s): Executive Officer X Director Promoter 708 Main Street, Suite 740 ZIP/Postal Code 77002 END Promoter				Street Address 2	<u>. </u>				
City State/Province/Country ZIP/Postal Code Houston Texas 77002 Relationship(s): Executive Officer \(\) Director \(\) Promoter				708 Main Street, Suite 740					
Houston Texas 77002 END Director Promoter		State/Province/Country		ZIP/Postal Code					
Relationship(s): Executive Officer X Director Promoter				77002					
		<u> </u>	ctor						
Clarification of Response (if Necessary)									
	Clarification of Response (if Necessary)								